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ABSTRACT

The prevention of child abuse is bound up in the joining together of social nurturance and social control, which flow directly from the concept of support systems. Families involved in maltreatment are likely to be cut off from prosocial support systems. In contrast to psychiatric approaches, more recent behavioristic methods concentrate on parents' specific caregiving practices. Intervention efforts must move beyond the family by enlisting the services of individuals and groups who help to create the family's social context. Methods of alerting children as well as their parents to available community resources are of vital importance. Many factors spell the difference between the ideal and the reality of day to day delivery, including social stigma, cost benefit, and cost effectiveness. Continuing community support is the key to improved family functioning. Successful support programs should accomplish five goals: (1) improving the social skills of the parent; (2) enlarging the resource base of the parent's social network; (3) enhancing the prosocial orientation of the network by linking the parent to mainstream community values and institutions; (4) reducing the degree to which the parent is a resource drain on the network; and (5) providing greater positive surveillance of the family. Four major program models currently in use are family support programs for high risk mothers, family-centered childbirth, directed self-help groups, and community efforts to provide more nurturance and feedbck to families. These approaches emphasize social support and social control with varying degrees of voluntarism on the client's part. The protective function of parents' privacy must also be considered. (JAC)

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Intervention in Child Maltreatment

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Child maltreatment[1] has replaced "educational disadvantage" and "cultural deprivation" as point man for those who favor an activist policy of public intervention into the private lives of children and their families. Much as the many Head Start-related programs aimed at improving cognitive and academic development were the sine qua non of 'early intervention" in the 1960's, so efforts to prevent and remediate child abuse and neglect are the focal point of early intervention in the 1980's. The issues display several significant similarities, of course. The demographic and socioeconomic profiles of the children at risk bear a family resemblance (with the poor, young single-parent and her children as the most salient "target" for intervention). Academic discussions of the proper labels and conceptualization for the problem have proceeded along similar paths (for example, examine Steve Tulkin's 1972 Developmental Psychology article "On the Concept of Cultural Deprivation" and Eli Newberger's efforts to redefine child maltreatment as "social pediatric illness"). Both issues have tended to ask for a commitment either to "bad parents" or "bad environments" as the primary problem (with the former position being accused of "blaming the victim" and the latter of "simplistic environmental determinism").

While recognizing these similarities, we still need to acknowledge some important differences between educational disadvantage and child maltreatment as focal points for early intervention. Unless we do so, we run the risk of becoming like the proverbial generals who are always preparing to fight the previous war. Of the many obvious and not so obvious differences, perhaps the major distinguishing characteristic of intervention in child maltreatment concerns the dual role of the social forces propelling it. Nurturance of individuals who have become subjugated to circumstantial stress and to their

own psychological inadequacy is coupled with more explicit sanctions and more stringent vigilance against further dysfunction. This mixture of social control and social support required for comprehensive intervention to prevent and remediate child maltreatment raises what may be insurmountable cultural challenges (including political decisions about the social costs of freedom, the constitutionality of socially desirable information systems, and the citizenship and rights of children versus parents). Its prominence as a contemporary issue in child maltreatment intervention makes it a particularly appropriate theme for this discussion. Thus we begin by addressing the issue directly before proceeding to a series of "tactical" questions for which the support/control question serves as a more or less salient backdrop.

Writing in a 1980 volume entitled Child Abuse: An Agenda for Action (Gerbner, Ross, & Zigler, 1980), Albert Solnit offered the following assessment of where preventing child maltreatment stands in our hierarchy of values and commitments.

> Tragically, the violent, physical abuse and murder of children by adults, often parents, is as old as recorded human history; and sad as it may seem, most of us would not want to live in a society that was able to prevent every single instance of child abuse because that could only be carried out in a prison-like state. At the same time, all of us would like to prevent as much child abuse as is possible to prevent in a relatively free society in which the democratic values of family privacy and the pluralism of differing life styles are protected and supported. (p. 135)

Solnit is correct in asserting that the prevention of child maltreatment is bound up in mechanisms for social control. More than that, however, it is bound up in the joining together of social nurturance and social control.

This is the essential element of intervention in child maltreatment, and it flows directly from the concept of support systems as articulated by Caplan and his colleagues over the years. Support systems are:

> continuing social aggregates that provide individuals with opportunities for feedback about themselves and for validations for their expectations about others, which may offset deficiencies in these communications within the larger community context...People have a variety of specific needs that demand satisfaction through enduring interpersonal relationships, such as for love and affection, for intimacy that provides the freedom to express feelings easily and unself-consciously, for validation of personal identity and worth, for satisfaction of nurturance and dependency, for help with tasks, and for support in handling emotion and controlling impulses. (Caplan, 1974: 4-5)
>
> They tell him (the individual) what is expected of him and guide him in what to do. They watch what he does and they judge his performance. (Caplan, 1974: 5-6)

The key is nurturance and feedback; social resources and social control. This becomes particularly important in dealing with child maltreatment, where families are likely to face a deficit of both nurturance and feedback (Garbarino & Gilliam, 1980). Families involved in maltreatment are likely to be cut off from pro-social support systems--in part because of their own "distancing" behaviors and lack of social skills. And yet, we have a great deal of anecdotal observation and systematic empirical evidence to support the contention that families at high-risk for maltreatment can participate in and profit from programs that project social support and control.

Within the context of these dual social functions, we may elucidate and then consider in greater depth five issues concerning the availability and use of resources to intervene in child maltreatment.

. What is the potential power of individual versus dyadic or family-level intervention? Can we change people directly without addressing directly key family relationships? The answer appears to be "sometimes, but only through high cost, long-term therapy."

. To what extent can intervention modify the support systems in the parent-child dyad's environment that provide or could provide nurturance and feedback?

. What role can community-level activities play in individual and dyadic intervention?

. How does a victim's age affect the availability of resources for intervention?

. How does the "ideal" of intervention (based on model programs and research findings in controlled settings) correspond with the "reality" of day-to-day service delivery?

Each of these issues finds a place in the following discussion; each also has some bearing on the contributions of and tension between social nurturance and social restraint.

In the past, the greatest proportion of research and professional attention has been devoted to programs focusing almost exclusively on the role of the individual in the maltreatment process. The traditional view of the abusing parent as a psychologically impaired individual is primarily responsible for this emphasis. Maltreatment, according to this tradition, is considered a direct outcome of parental hostility and aggressiveness, lack of impulse control, low frustration tolerance, and/or feelings of inadequacy.

Such a view has therefore dictated the classical intrapsychic approaches to intervention which rely upon individual counseling and psychotherapy (e.g., Blumberg, 1977; Kreindler, 1978). Personal insight and therapist-directed psychological guidance are the immediate treatment goals in this case.

In contrast to psychiatric approaches, more recent behavioristic methods instead concentrate on the specific caregiving practices employed by abusive or neglectful parents. So-called social-interactional approaches take into account the contribution which other family members--and children in particular--make in the generation of child maltreatment. Behavioral differences are assumed to characterize every level of exchange between parent and child, and not simply isolated incidents of maltreatment. Recent evidence substantiates this contention. In their detailed observational study, Burgess and Conger (1977) found that the interactions of abusive parents systematically differ from nonabusive parents with regard to the frequency of both positive (less) and negative (more) contacts--physical and verbal--between parent and children. Remedial efforts in behavioral programs therefore seek to instruct parents in new ways of responding to aversive child behavior and in the provision of positive reinforcement for their children's appropriate behaviors. At the same time, however, treatment efforts may also be directed toward the "provocative" behavior of the target child or children.

When considered in light of the two themes discussed earlier--nurturance and control--the limitations of each treatment model should be fairly obvious. Each focuses in large part on but a single theme: the intrapsychic approach on that of social nurturance, the social-interactional approach on that of social control. However, in the absence of personal incentives for change, parents are unlikely to adopt new techniques of child care. On the other hand, bringing new insight and emotional assistance to maltreating parents

without demonstrating alternative patterns of behavior is likely to prove equally fruitless. For successful intervention, that is, long-term behavioral change, both themes must be merged in a single, unified treatment program.

To effectively accomplish this goal, intervention efforts must move beyond the family by enlisting the services of individuals and groups who help to create the family's social context. These are the forces which will maintain or extinguish new patterns of behavior and new styles of thinking. The issue then becomes whether it is possible to activate and/or improve existing support systems. For families on the very fringe of neighborhood functioning, for parents who have cut themselves off, either consciously or, more often, involuntarily, from available social support, for individuals who have violated strict social sanctions, mobilizing community members to reach out and draw in target families may not be an easy task. Its success depends upon the collaboration of formal and informal support systems, the supplementation of professional guidance with neighborhood assistance. To be effective in the long-term, individual counseling, dyadic engineering, and/or family therapy must be reinforced by nurturance and control that is more endemic to the community, that persists over time and across situations. This kind of support is generated most readily when the structure and mechanisms of professional support are already in place.

A notable example of this civil and professional collaboration is found in the training of lay therapists and the organization of lay groups to help maltreating parents. Parents Anonymous represents one such example. Taking its cue from Alcoholics Anonymous, this primary self-help group for parents is guided by many of the same principles upon which the psychotherapeutic method is founded. It is expected, for instance, that emotional support accompanied by the expression and exchange of feelings among individuals sharing a common

problem will bolster parents' morale and facilitate personal motivation for change. Equally important, self-help groups of this type typically put members in touch with services they require for more optimal functioning--child care, drug or alcohol rehabilitation, formal psychological services, marital counseling, welfare assistance, and the like. Thus a network of already existing social, psychological, and economic resources is gradually constructed. At the same time, increased contact with the community provides greater opportunity for supervision, control, and approbation of parental functioning. Nurturance and control, therefore, are bound together across professional and informal systems of support and, as a consequence of these linkages, are more likely to endure over time. In this instance, it is worth noting that community support is garnered by the parents themselves and by a relatively small number of concerned individuals.

In a number of ways, the children involved in maltreatment may provide the impetus for both formal and informal social services. Depending upon his or her age, resources can be mobilized through the child's own efforts or simply as a consequence of his or her basic needs. Even the infant has an indirect effect on parental help-seeking or involuntary social contact. Routine medical attention or atypical medical problems, neighborly interest in the new baby, the very helplessness of the infant (the same helplessness that makes it the most vulnerable victim of maltreatment), may act to bring dysfunctional parenting to the attention of community agents or agencies. In later years, school has a prominent role to play in this regard. The maltreated child may confide in peers or attract the notice of teachers in this obligatory social contact between family and community. Exposure in school to alternative perspectives and values, and through school, to the pattern and function of parental behavior in other families, may encourage a

child to seek outside assistance in response to maltreatment. Then, too, older children and adolescents may derive formal or informal support from their peer group. The possibilities for peer-based therapy, among other options, increase as the child's cognitive, social, and psychological sophistication develops. Self-help groups for children--youthful analogues to Parents Anonymous--become feasible as well. In short, with advancing experience and understanding, children themselves may become instrumental in forging links between family and community support systems, in activating services that might otherwise have gone unutilized. School, church, Scouts, volunteering, even babysitting experience may act as a medium for initiating social services to children, parents, and families.

Given the part that children may play in the intervention process, in terms of both the preliminary contacts and the actual implementation, methods of alerting children, as well as their parents, to community standards, community functions, and community resources are of vital importance. Using mass media to reach families in need is one route to accomplishing this. Radio and television are as likely to inform youth as they are parents. Coverage of a recent self-help group session, publicity for a crisis center or local hotline, relevant films and reading materials in schools and public libraries, and information sheets on downtown bulletin boards may alert adults and youngsters alike to community services. Whatever encourages family members to make contact with helping systems--even those as informal as the concern of neighbors or friends--will mean greater effectiveness in intervention.

The question of efficacy raises several considerations with regard to the subject of social contact between the family and the community. Clearly, a successful intervention--a network of support flowing to and from individuals,

families, and organizations--depends upon extended contact between each of these elements. Taking advantage of every opportunity when families are in contact with the larger community therefore should be the guiding principle underlying social support for families. This implies a focus on the family and its development from the earliest point of contact. Making family planning information and counseling available or even mandatory with the issuance of a marriage license, expanding upon the principles of family-centered childbirth in the hospital or in childbirth classes, intensifying the links between professionals who have routine contact with families--pediatricians, nutritional counselors, school psychologists, teachers, day care providers, and others--and doing everything possible to maintain and expand already existing contacts between families and their social environment, are but a few strategies for operationalizing this principle.

Unfortunately, it is also true that community level policy and practice can impede intervention efforts. Social ostracism, social stigma attached to the utilization of formal supports, and socialized neglect--turning away from families in need for the sake of surface tranquility and decorum--receive the most frequent lip service. Commercial exploitation of youth, promulgation of injurious cultural stereotypes, and public condonment of aggression and violence are also gaining public awareness. Less concern is expressed over the pervasive desire and reverence for privacy at all costs--costs to society, to the individual, and to the family...privacy to the point of isolation. This exactly contradicts the principles of intervention proposed here; social control, social nurturance, and social feedback can only take place in a society of individuals and families who look to each other for the mutual support that enables one to cope with circumstance and crisis.

These are factors which jeopardize the utilization and the success of family support programs as well as the more informal forms of individual and family social support. There are numerous others that together spell the difference between the "ideal" and the "reality" of day-to-day delivery. Paramount among these is the constant dilemma of cost benefit and cost effectiveness. Parental remediation efforts are plagued with poor success rates. Burgess and Richardson (1983) cite several evaluations of remedial interventions which document the absence of any diminuation--and even occasional increases--in the incidence of inadequate or downright abusive parenting practices (Burgess, Anderson, Schellenbach, & Conger, 1981; Wolfe, St. Lawrence, Graves, Brehony, Bradlyn, & Kelly, 1981; see also Cohn, 1979). Berkeley Planning Associates (1977) reported results which confirm this poor prognosis for remedial intervention. Across the 11 different remedial projects conducted, 30% of the clients participating in the study exhibited "severe reincidence" of abuse or neglect <u>while still in treatment</u>, and only 42% of the participants were considered to exhibit a "reduced propensity" for maltreatment by the time treatment was terminated. However, it must be noted that this success rate fluctuated considerably across projects, with the best outcomes characterizing programs utilizing lay and group services in addition to formal social services.

Here, then, is some limited evidence for the premise alluded to earlier: that endogenous community support persisting beyond the consultation office is the key to improved familial functioning. Nurturance, supervision, and control cannot cease once a parent has stepped out of the help session. The links furnished by parent groups, by social workers and welfare agents, by pediatric staffpersons, by concerned teachers, and by caring neighbors extend the provision of services into the daily life of parents and families. The

constraints on commitment and competence which limit the impact of any single individual or agency are overcome when efforts are broadly based. This "ideal," unfortunately, is still far from realization. Despite a dramatic improvement in ideal capacity (better models, more pilot and demonstration programs, advances in understanding etiology, etc.), most communities are barely holding even and many are falling behind in intervention in child maltreatment. More and more is heard about triage (not investigating large classes and numbers of cases) and of legislative retreat in the legal scope for intervention (from a broad to a narrow range of eligible cases). "Solving the problem" remains the reason for closing child maltreatment cases in only a minority of cases in many if not most agencies around the country.

We have now addressed some of the considerations and challenges which help in demarcating our conception of social support. At this point, we can be more explicit in enumerating a set of objectives to serve as the foundation for intervention designs in maltreatment. The key to successful support programs in this area is their ability to accomplish five goals: improving the social skills of the individual parent (perhaps by modeling and reinforcing such skills), enlarging the resource base of the parent's social network, enhancing the prosocial orientation of the network by linking the parent to mainstream community values and institutions, reducing the degree to which the parent is a resource drain on the network, and providing greater positive surveillance of the family. With these objectives in mind, we will review briefly four major program models currently in practice for the prevention of child maltreatment.

Olds and his colleagues (Olds, 1980; Olds et al., 1983) have conducted a family support program with high-risk mothers that is unusual in combining a significant intervention with a sophisticated research design (including

random assignment to conditions). The critical test contrasts a home health visitor (R.N. nurse) assigned to the family during the pregnancy and continuing for the first two years of life (beginning with weekly visits that taper off to monthly visits), with three "smaller" forms of intervention incorporating a prenatal health visitor, free transportation to health clinics, and screening/diagnostic testing. Results indicate a significant preventive effect among young unmarried mothers--among whom the rate of official maltreatment was four percent for the 2+ year health visitor treatment (N = 36) versus 15 percent in the other intervention conditions (N = 73). Olds (personal communication) speculates that the long-term health visitors developed a relationship characterized by both nurturance and feedback with their young clients. To back up the lower reported rates of child maltreatment in the full treatment is the finding that these same young mothers with less maltreatment also reported that they spanked their six-month-old infants .02 times in two weeks versus 1.40 times in the other intervention conditions. One evidence of the social control function is that home health visitors initiated discussions that led to voluntary termination of parental rights by two women who prenatally exhibited very high risk for child maltreatment. Another evidence of social control is the finding that only four percent of the women in the experimental group gave birth a second time within one year, as opposed to 14 percent for the comparison groups.

Olds' findings are consistent with the experience of the Denver-based "Lay Health Visitor Program" (Gray & Kaplan, 1980). Reviewing the records of 550 high-risk families receiving the service over an 18-month period, Gray and Kaplan report that no children were seriously damaged because of parental maltreatment. These results correspond to the earlier experimental study of the program (Gray et al., 1977). In the 18-month follow-up, it appeared that

a majority of the high-risk families could be phased out of the routine visitation by the end of the third month postnatally, while one-third (the most "chaotic and prone to violence") continued visitation past the sixth month.

Family-centered childbirth constitutes a second class of family support system intervention in child maltreatment. Kennel, Voos, and Klaus (1976) reported that lack of parental visits to infants receiving intensive care predicted substantially greater risk of child maltreatment--23 percent for infrequently visited versus two percent for the frequently visited. Gray and her colleagues (1977) expanded this to reflect a more generalized link between disruptions in early maternal-infant interaction and later maltreatment--no reported cases in the group classified as low-risk on this criterion versus eight percent in the high-risk group. The family-centered childbirth intervention implemented by O'Connor and her colleagues (1977) in a sample of high-risk mothers resulted in child maltreatment incidence of .7 percent in the treatment group and 6 percent among the no-treatment control.

Directed self-help groups constitute a third class of family support system program relevant to preventing child maltreatment. Most of the examples here involve secondary or tertiary prevention. The most well known example is the national network of Parents Anonymous groups. Evaluation of the programs has been encouraging (Liber & Baker, 1977; Behavior Associates, 1978)--including assessments of cost effectiveness among suitable clients (Cohn, 1977).

A fourth class of family support program aimed at preventing child maltreatment involves efforts at the neighborhood or community level to enrich and empower social networks to provide more nurturance and feedback to families. The rationale and mechanisms for such an approach have been laid

out by Collins, Pancoast and others (see Garbarino, Stocking & Associates, 1980; Whittaker, Garbarino, & Associates, 1983). The Michigan Maximization Project (located in Inkster, Michigan) is one effort to implement this concept. The Project involves creating a community council to build up informal social support networks throughout the community and to enhance collaboration between formal and informal helping resources as a way of improving social nurturance and control. The Project's goal is to prevent child treatment in this manner. Other projects exist with similar goals (e.g., Wayne State University's Neighborhood Family Resource Center Project). Of special interest is a handbook entitled "Using Informal Resources in Child Protective Services" developed by Bertsche and his colleagues at the University of Montana School of Social Work (Sudia, 1982).

These approaches to child maltreatment emphasize social support and control, with varying degrees of voluntarism on the "client's" part. Such approaches appear to be particularly appropriate to situations where the concern is with threshold effects--i.e., where the goal is to prevent a family from moving along a continuum to the point at which a qualitative change occurs, in this case crossing the socially defined line into "maltreatment." By offering a way of coupling social nurturance and social control in one package, such programs resemble what Baumrind's research identifies as an "authoritative" pattern of childrearing. If the community is parent to the family then this is an appropriate model. It offers just what most high-risk families need--at least initially, when the issue is whether the family <u>can</u> be stabilized in a pattern of relating that does not involve maltreatment.

However, many voices are raised to dispute the concept of community "parenthood" of the family. The preferred orientation is community as parent-of-last-resort. This authority figure requires a "clear and present"

danger to the child before "violating" the privacy of the family and the "rights" of the parents. If we are to move beyond being invited into families who are motivated to seek help or bullying our way in after a tragic event or a pattern of maltreatment is well established, then we usually end up trying to lock the barn door after we have removed the horse. Is this our cultural destiny?

American social history is pervaded with a cultural and structural ambivalence concerning individualism and collectivism, freedom and authority, privacy and social integration. This dynamic has been variously identified. Thirty years ago James Webb called it "The Parabola of Individualism" and David Riesman has labeled it "The Lonely Crowd." Philip Slater more recently termed it "The Pursuit of Loneliness." The phenomenon is discussed in Bronfenbrenner's Two Worlds of Childhood. Privacy is valued in both ideological and structural senses, as is evident in the high value Americans place on ownership of individual homes. Opportunities for privacy have increased markedly in recent decades, often under the guise of civil liberties, and they provide a potentially dangerous context for parent-child relations, particularly where there is severe personal and social stress and professional and political attitudes favoring independence over interdependence.

Elder (1974) noted that middle class observers were often dismayed by the ways that working class families shared with kin during the Great Depression. Stack's account of black kinship sharing notes the typical professional evaluation of such behavior as irrational and self-defeating. In a study of Jewish social workers and clients, Leichter and Mitchell (1967) report differences in attitudes and values between caseworkers and clients in which the more traditional clients (and their parents) express belief in the rights,

wisdom. and obligation of kinship, while the more modern caseworkers downgrade kinship networks in favor of personal freedom, autonomy, and privacy. Heller (1976) found a relation between involvement with kinship systems and support for "familism"--attaching value to the obligations, responsibilities, and shared experience of extended families. Campbell (1975) notes the ideological commitment of most modern psychologists to liberation of the individual from collective bonds. He questions the wisdom of this approach on the grounds that it tends to release antisocial impulses and, in the long run, it cannot indefinitely increase satisfaction. In Campbell's view, psychologists who council liberation are embarking on a socially dangerous course in conflict with the need for structure, obligations, and the "ties that bind" in human life. The "liberation" perspective is strong among many professionals and from much of the general public.

The allure of privacy is great. It permits individuation and insulates the family against external meddling by persons who may have their own interests to advance. This "protective" function seems a major attraction to professional helpers. Privacy provides the potential for a "quiet" atmosphere, whereas social support system intrusion is psychologically "noisy." The latter exacts real social-psychological costs. Are we willing to pay those costs to prevent child maltreatment? If not, are we willing to let children pay the price of privacy? In a society committed to the ideals of opportunity and improvement, the notion of social support is woven throughout the fabric of social designs and social conscience. In the interest of efficacy, in the interest of humanity, social control and social nurturance cannot be omitted from the equation for societal, familial, and individual well-being.

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Footnote

[1]This discussion presupposes familiarity with the ABC's of child maltreatment--e.g., abuse versus neglect, types of maltreatment, definitional issues, estimated incidence, etc. Most of the major reviews tackle those matters (e.g., Belsky, 1980; Friedman, 1976; Garbarino & Gilliam, 1980; Gerbner, Ross, & Zigler, 1980; Helfer & Kempe, 1980; Parke & Collins, 1975).